

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	VECTOR FOR ORAL ADMINISTRATION
Attorney Docket Number::	0512-1299
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: YVES  
Middle Name::  
Family Name:: FRERE  
Name Suffix::  
City of Residence:: HOLTZHEIM  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 19, RUE DES ROSES  
Address::  
City of Mailing Address:: HOLTZHEIM  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 67810

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: LOUIS  
Middle Name::  
Family Name:: DANICHER  
Name Suffix::  
City of Residence:: STRASBOURG  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 33, RUE DE DOSSENHEIM  
Address::  
City of Mailing Address:: STRASBOURG

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 67200

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ALAIN  
Middle Name::  
Family Name:: BELCOURT  
Name Suffix::  
City of Residence:: STRASBOURG  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 34, RUE MARC-AURELE  
City of Mailing Address:: STRASBOURG  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 67200

**Correspondence Information**

Correspondence Customer Number:: 00466

**Representative Information**

Representative Customer Number::	00466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/000974	4/20/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03 04976	4/23/03	Yes

**Assignment Information**

Assignee Name:: CENTRE NATIONAL DE LA RECHERCHE  
SCIENTIFIQUE (C.N.R.S.)

Street of Mailing 3, RUE MICHEL ANGE

Address::

City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 75016